U.S. Department of Labor Office of Labor Management Standards

Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Ise Only Rec d 1	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

W DROS			
1 File Number U 9979	2 Fiscal Year Covered From		
•	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Tom Benish	Name Northern WI Regional Council of Carpenters		
	Labor Organization File Number 035-751		
PO Box Bldg Room No if any	P O Box Building and Room Number if any		
Street 2522 Fish Hatchery Rd	Street N2216 Bodde Road		
City Madison	City Kaukauna		
State Wisconsin ZIP Code + 4 53713	State Wisconsin ZIP Code + 4 54130 9740		
5 Position in labor organization			
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any	7 a Nature of Interest Transaction or Income		
Street	7 b Amount.		
Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)			
Signed Tom Bonish			

Name of Person Filing Tom Benish	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Wisconsin Carpenters Fringe Benefit Funds Trade Name if any P O Box Bldg Room No if any Street 1704 Devney Dr City Eau Claire State Wisconsin ZiP Code + 4 54702	9 Business deals with X a Labor Organization b Trust c Employer	
10 If 9 b or 9 c. is checked give trust or employer's name	Trustee Educational Conference at International	
Name Trade Name if any P O Box Bldg Room No if any	Foundation of Employee Benefits	
Street	11 b Approximate dollar value of such dealing \$2,235	
State ZIP Code + 4	12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name of any)	14 a Nature of payment	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30